## **SOME FRIENDLY REMINDERS**

EACH CAMPER WILL BE RESPONSIBLE FOR HIS/HER OWN LUNCH DAILY. A MORNING AND AFTERNOON SNACK IS PROVIDED EACH DAY.

BOTH INDOOR AND OUTDOOR ACTIVITIES WILL BE PLANNED FOR EACH DAY, SO CAMPERS SHOULD BE DRESSED APPROPRIATELY FOR THE WEATHER.

ANY CHILD REQUIRING MEDICATION WILL NEED TO HAVE A MEDICATION RELEASE FORM ON FILE, AND ALL MEDICATION WILL HAVE TO BE BROUGHT TO THE MCALLISTER OFFICE IN THE ORIGINAL PRESCRIPTION BOTTLE WITH THE INSTRUCTIONS CLEARLY ON THE LABEL.

ALL CHILDREN WILL NEED TO HAVE A SUNSCREEN RELEASE FORM AND A FIELD TRIP PERMISSION SLIP ON FILE IN THE MCALLISTER OFFICE.

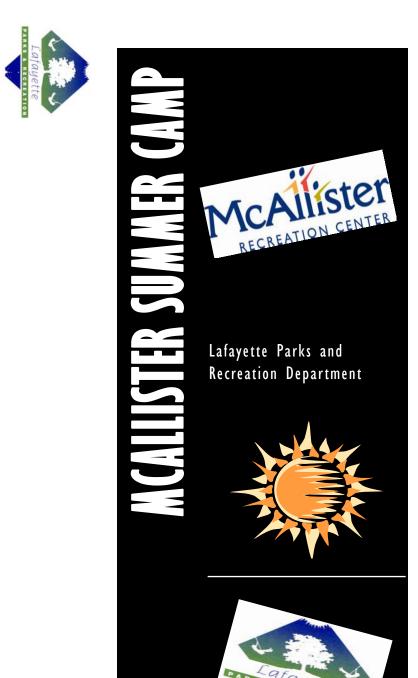
PLEASE BE SURE TO FILL OUT THE REGISTRATION INFORMATION IN FULL, INCLUDING ALL EMERGENCY CONTACT AND PICKUP INFORMATION. THIS IS VERY IMPORTANT TO THE MCALLISTER STAFF, AS WE WILL ABSOLUTELY NOT LET A CHILD LEAVE WITH A PERSON WHO IS NOT LISTED ON THE FORM UNLESS PREVIOULSLY INFORMED OF ANY CHANGES. THERE ARE NO EXCEPTIONS TO THIS RULE!

IF YOU HAVE ANY QUESTIONS, COMMENTS, CONCERNS, OR COMPLIMENTS, PLEASE LET US KNOW. WE SINCERELY APPRECIATE ALL INPUT ON WHAT WE ARE DOING RIGHT, OR THINGS THAT WE CAN DO TO IMPROVE THE CAMP. THIS IS THE CHILDRENS' CAMP, AND WE ALWAYS ENJOY HEARING WAYS TO HELP MAKE IT BETTER!

As we did last year, instead of having the first week's camp fee due at the time of registration, a \$25 non-refundable registration fee will be added in order to reserve your child's spot in camp. You may choose to pay the first week's camp fee at the time of registration, or you may wait and pay on the first day of camp.



1915 Scott Street Lafayette, IN 47904 Phone:(765) 807-1360 Fax: (765) 807-1370 E-mail: mcallister@lafayette.in.gov



THE MCALLISTER RECREA-TION CENTER IS PREPARING FOR YET ANOTHER TREMEN-DOUS SUMMER CAMP PRO-GRAM! THIS YEAR'S CAMP WILL INCLUDE A LOT OF NEW AND EXCITING ACTIVITIES WITHOUT LOSING ANY OF THE CAMP FAVORITES. THIS YEAR'S CAMPERS CAN LOOK FORWARD TO EXCITING FIELD TRIPS, GREAT GUEST SPEAK-ERS, FUN ARTS AND CRAFTS, AND MANY OTHER EXCITING GAMES AND ACTIVITIES!

CAMP WILL BE 12 WEEKS IN LENGTH AND WILL BEGIN ON MAY 26TH AND RUN THROUGH AUGUST 14TH.

CAMP HOURS AND PRICES WILL REMAIN THE SAME YET AGAIN THIS YEAR.

CAMP IS SURE TO FILL UP QUICKLY, SO BE SURE TO RESERVE YOUR SPOT SOON SO THAT YOU WILL NOT MISS OUT ON LAFAYETTE'S MOST EXCITING SUMMER CAMP!





# **CAMP INFORMATION**

**LOCATION: MCALLISTER** 

RECREATION CENTER

**Hours:** 9:00 AM-4:00 PM

**DATES:** MAY 26TH-AUGUST 14TH

**BEFORE/AFTER CARE HOURS:** 

7:30-9:00 AM 4:00-5:30 PM

**AGES:** ALL CHILDREN 6-12

COST: \$70/WEEK PER CHILD

**BEFORE/AFTER CARE:** \$15/WEEK PER

FAMILY

PLEASE NOTE THAT THERE WILL BE NO

CAMP ON FRIDAY, JULY 3RD.

THERE WILL BE A CAMPER AND PARENT ORIENTATION MEETING ON WEDNESDAY, MAY 20TH, AT 7:00 PM AT THE MCALLISTER RECREATION CENTER. PARENTS AND CAMPERS WILL BE GIVEN THE OPPORTUNITY TO MEET THE STAFF, TOUR THE FACILITY, AND WILL BE GIVEN VALUABLE INFORMATION THAT WILL HELP MAKE THE FIRST DAY OF CAMP GO AS SMOOTHLY AS POSSIBLE.

### MAIL THIS REGISTRATION FORM TO:

MCALLISTER RECREATION CENTER
1915 SCOTT STREET
LAFAYETTE, IN 47904

#### OR DROP OFF DIRECTLY AT:

2351 NORTH 20TH STREET LAFAYETTE, IN 47904

### **CAMP REGISTRATION**

Name								
Address								
City, State	and Zi	p Code	:					
Phone			_Age		DOB//			
Shirt Size	YS	YM	YL	AS	AM	AL	AXL	
Please chec	k all v	veeks to	o be att	ended	:			
May 26th-29th								
June 1st-5thJuly 13th-17th								
June 8th-12thJuly 20th-24th								
June 15th-19thJuly 27th-31st								
	June 22nd-26thAugust 3rd-7th							
June 29	th-July	y 2nd	-	Aug	gust 10t	h-14th		
In order to istration fe	e is dı	ie at th	ne time	of re	gistrati	on.	able reg-	
	Pa	rent/G	uardia	an Info	ormatio	on		
Name								
Relationshi	p							
Home Phon	ıe		/	Work I	Phone_			
Name								
Relationshi	p							
Home Phon	ome PhoneWork Phone							
		Pick	up Aut	horiz	ation			
Do both par	rents h	ave pe	rmissic	n to p	ick up t No	he chil	d?	
If no, please		ify						
Please list to your child:				else a	uthoriz	ed to p	ickup	
Please list t an emergen		lividua	ls who	may b	e conta	cted in	case of	
Name	NamePhone							
Name					_Phone			
		O	ffice U	se On	ly		•	
Date Receiv	ved	Γ	Oate Pa	id			nt	
Receipt Nu	mber_			-	Stat	ff		